



TOWN OF BROOKFIELD

APPLICATION FOR CUSTOMARY HOME OCCUPATION

APPLICATION DATE:		PROPERTY I.D. # :
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APPLICANT/AGENT:

Name:

Address:

Contact Name:

Phone #

Cell Phone/E-Mail:

LANDOWNER OF RECORD:

Name:

Address:

Contact Name:

Phone #

Cell Phone/E-Mail:

DESCRIPTION OF BUSINESS OPERATIONS:**SITE DATA:**

Street Address:

Subdivision Name:

Conservation Subdivision: YES [] NO [] Has a variance been granted on the property? YES [] NO []

Permitted Use Classification (From Tables in Regs) :

Zoning District:

Subdivision Lot #:

BUSINESS OPERATIONS:**Business Name:**

House Square Footage:

Office Area Square Footage:

Days and Hours of Operation:

Number of Employees:

Number of vehicle trips/day/to/from:

Number of commercial vehicles parked overnight:

Comments:

I represent that this information is current, accurate and complete and that all the work will be completed.
I certify that I am the designated agent for this project.

Signature: _____ OR: Signature: _____

*Applicant**Property Owner*